

Exhibitor Information

2003 CDC Diabetes Translation Conference

Theme: Public Health Approaches Linking Diabetes Health Care, Education, and Communities

You are cordially invited to attend and exhibit at the Centers for Disease Control and Prevention's (CDC) 2003 Diabetes Translation Conference.

Dates: March 31-April 3, 2003

Place: The Westin Copley Place, 10 Huntington Avenue, Boston, Massachusetts

Telephone: 617-262-9600

Fax: 617-424-7483

Attendees: This conference brings together about 700 representatives from local, state, federal, and territorial agencies and private-sector diabetes partners. The conference will include representatives from diabetes prevention and control programs from all states, the District of Columbia, and 8 territories.

Summary: Our participants will explore science, policy, and education, as well as program planning and implementation and evaluation issues that will address the burden of diabetes. This conference is open to the public.

Registration: If you want to exhibit, please **fax** your application as soon as possible, but not later than February 28, 2003, to Dorothy Caputo, MA, APRN, BC-ADM, CDE, at 732-235-7394.

Make check for \$750 (for-profit) or \$375 (non profit) payable to CDD (Chronic Disease Directors), Tax I.D. #73-1328414, and mail check and a copy of the exhibit form to

Dorothy Caputo, MA, APRN,BC-ADM, CDE

UMDNJ-Continuing and Outreach Education, Special Initiatives

97 Paterson Street, Suite 150, New Brunswick, NJ 08903-0019

Phone: 732-235-7432

Additional information on registration and shipping will be forwarded upon receipt of your exhibit form.

Exhibitor Application Form

2003 Diabetes Translation Conference
Public Health Approaches Linking Diabetes
Health Care, Education and Communities
March 31 – April 3, 2003

Exhibitor Application Form
Fax to Dorothy Caputo 732-235-7394

Organization (Please print name as you want it to appear in program material.)

' For-profit fee: \$750 ' Nonprofit fee: \$375

Contact Person: _____

Title: _____

Address: _____

City/State/Zip: _____

E-mail address: _____

Telephone: () _____ FAX: () _____